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ORIGINAL ARTICLE

EVALUATION OF POSTOPERATIVE PAIN UNDER THE NURSE'S POINT OF VIEW

AVALIAÇÃO DA DOR PÓS-OPERATÓRIA SOB A ÓTICA DO ENFERMEIRO

EVALUACIÓN DEL DOLOR POST OPERATORIO BAJO LA ÓPTICA DEL ENFERMERO

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ABSTRACT

Objective: to identify the form used by nurses to evaluate and control acute pain in patients submitted to general surgery. **Method:** this is a qualitative, descriptive and exploratory study carried out in a public hospital, with nurses from the sectors of the post-anesthetic recovery room and the surgical clinic, whose data were analyzed using the Collective Subject Discourse technique. **Results:** the nurses under study do not use any standardized instrument to assess and measure postoperative pain and their control is basically performed by the administration of prescribed drugs. Conclusion: nurses need prior training, as well as the need to implement an evaluation model that is used for more effective control of pain. **Descriptors:** Nursing Care; Ache; Post-Operative Pain; Nursing team; Pain Management; Pain Measurement.

RESUMO

Objetivo: identificar a forma utilizada pelos enfermeiros para avaliar e controlar a dor aguda em pacientes submetidos à cirurgia geral. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, realizado em um hospital público, com enfermeiros dos setores da sala de recuperação pós-anestésica e da clínica cirúrgica, cujos dados foram analisados pela técnica do Discurso do Sujeito Coletivo. **Resultados:** os enfermeiros em estudo não fazem uso de nenhum instrumento padronizado para avaliar e mensurar a dor pós-operatória e seu controle é realizado, basicamente, pela administração de medicamentos prescritos. **Conclusão:** os enfermeiros necessitam de capacitação prévia, bem como existe a necessidade de implementar um modelo de avaliação que seja utilizado para o controle mais efetivo da dor. **Descritores:** Cuidados de Enfermagem; Dor; Dor Pós-Operatória; Equipe de Enfermagem; Manejo da Dor; Medição da Dor.

RESUMEN

Objetivo: identificar la forma utilizada por los enfermeros para evaluar y controlar el dolor agudo en pacientes sometidos a la cirugía general. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, realizado en un hospital público, con enfermeros de los sectores de la sala de recuperación post anestésica y de la clínica quirúrgica, cuyos datos fueron analizados por la técnica del Discurso del Sujeto Colectivo. **Resultados:** los enfermeros en estudio no hacen uso de ningún instrumento padrón para evaluar y medir el dolor post operatorio y su control es realizado, básicamente, por la administración de medicamentos prescritos. Conclusión: los enfermeros necesitan de capacitación previa, así como existe la necesidad de implementar un modelo de evaluación que sea utilizado para el control más efectivo del dolor. **Descriptores:** Atención de Enfermería; Dolor; Dolor Posoperatoria; Grupo de Enfermería; Manejo del Dolor; Dimensión del Dolor.

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INTRODUCTION

Pain is defined by the International Association for the Study of Pain (IASP) as an unpleasant sensory and emotional experience that is usually associated with actual or potential injuries, but subjectively and multidimensional in its interpretation. It is a common sensation experienced by all human beings and expressed in a particular way.¹

Pain is standardized by the Joint Commissions on Accreditation of Healthcare Organizations (JCAHO), as the fifth vital sign, which should be prioritized in care, and its evaluation should be done through behavioral scales that allow the measurement of the intensity of the pain, as well as its location and possible changes in physiological parameters.¹⁻²

It is known that approximately 45% of the patients that seek the health service have as main complaint the pain. In the operative period, it is present due to the surgical procedure itself and / or to the presence of preexisting diseases, with acute pain in this period being the most prevalent form of pain.³

It is explained that pain is a Nursing Diagnosis of the North American Nursing Diagnosis Association (NANDA) taxonomy that arises due to aggressions that affect the cells of the organism leading to the release of prostaglandins and the increase of the sensitivity and causing the nerve endings captures the painful stimuli.⁴⁻⁵⁻⁶

These consequences result from such painful stimuli as cardiovascular alterations, pallor, tachypnea, water retention, hyperglycemia, change in coagulation, and a decrease in the immune response.¹

It is added that, although postoperative pain is a common and everyday problem experienced worldwide, only 30 to 50% of cases receive effective treatment. When the therapy is not effective, it leads to deleterious effects on the organism, increasing morbidity and mortality rates and thus emphasizing the importance of a holistic and individualized care.⁶⁻⁷⁻⁸

They point to several studies, due to the relevance of the subject, underreporting and underestimation of pain by health professionals. These should seek knowledge and improve skills to evaluate and intervene, appropriately, in the face of painful questions. Results indicate that pain control improves quality of life, satisfies the client and provides quality care given to patients.^{2,5-6,9}

In this context, it is important to emphasize that Nursing plays a fundamental role in the recording and monitoring of pain by providing continuous and direct care to the patient for 24 hours, where it is necessary to develop studies that stimulate the measurement, analysis and correct recording of this signal that causes several disorders in the patient's quality of life.⁹⁻¹⁰

It is pointed out that, for this, there are one-dimensional and multidimensional evaluation methods, the one-dimensional scales being those that have the capacity to measure the intensity of pain through a numeric or qualitative value, and the multidimensional ones evaluate it through several aspects and all dimensions of the patient.¹¹⁻¹²

OBJECTIVE

- To identify the form used by nurses to evaluate and control acute pain in patients undergoing general surgery.

METHOD

This is a qualitative, descriptive and exploratory study, carried out in a public hospital in the city of Recife-PE, during the period from October to December 2015.

The population was constituted by the nurses responsible for receptive sectors of patients submitted to general surgery, that is, the post-anesthetic recovery room and the surgical clinic unit. The casuistry comprised 12 nurses belonging to the service, whether they were public servants or under a temporary work contract, responsible for some of the phases of patient follow-up in the postoperative period of elective general surgery and of both sexes, as inclusion criteria in the search.

The data collection was based on a semi-structured interview form, composed of a step with quantitative variables related to the identification data of the nurses (sex, age, time of professional performance and titration) and other, with the questions that guided its acquisition on the knowledge, practice of the evaluation and management of pain in postoperative patients of general surgery:

- 1) Do you use any instrument to measure pain? What? And at what time do you apply such an instrument?
- 2) What are the main measures you use to control pain?

Individual interviews were conducted by a single trained researcher, with the authorization of the participating nurse, in an

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iPhone 5 cell phone. The interviews were recorded in a quiet environment and reserved to provide the confidentiality of the information obtained for the purpose of maintaining the anonymity of the participants. For this, each participant was identified by the letter I, of interviewee, followed by numbering that corresponds to the order of his interview (I1, I2... I12.).

The testimonies recorded in full on the same day were transcribed to avoid a possible bias of forgetfulness, and the content was evaluated according to the Discourse Analysis of the Collective Subject, characterized by a synthesis discourse that is formulated from similar testimony, through systematic and standardized procedures, in which collective thinking is rescued, always in the first person, as a way of providing an understanding of the phenomenon to be explored. QualiQuantiSoft® software (SPI), version 1.3, was used to make the analysis feasible and to increase the reach and validity of the results.¹³

The research was conducted within the standards required by Resolution 466/12 of the National Commission for Research Ethics (NCRE) and the project was approved by the Ethics and Research Commission of the Otávio de Freitas Hospital under protocol 879.964 / 14.

RESULTS

It is emphasized that, among the individuals that composed the sample eight (67%) were female and four (33%) male. Age ranged from 21 to 60 years, with a prevalence of 41-50 years (41.6%). In relation to schooling, eight (67%) had the title of specialist and four (33%), only graduation. Of these, the majority of respondents (41%) had more than 12 years of education. As to the sector in which the participant was responsible, seven (58%) were in charge of the surgical clinic and five (42%), the post anesthetic recovery room.

During the interviews, the subjects were asked two questions whose answers were transcribed, analyzed and organized into key expressions and central ideas, with subsequent grouping in the discourse of the collective subject. After the analysis of the testimonies, it was identified, in a more concrete way, the way nurses carry out their evaluation and the management to minimize its effects.

In the evaluation of postoperative pain, three categories and their respective discourses were classified as follows.

Evaluation of postoperative pain under the...

ICVI / DSCVI - Observation by facial expression and verbal report

"We do not use any instrument, but we try to evaluate through the verbal approach and the corporal expression. The body actually talks when the patient has pain." (I1)

ICVII / DSCVII - Identification by the verbal report of the patient

"We have no material to measure pain, just what he reports and ask if he can tell the intensity of that pain, that is, on a scale of zero to ten, what would be the level of pain, mild, moderate, or strong." (I6)

ICVIII / DSCVIII - Detection of pain by altered heart rate

"I have no instrument other than perception, by observing the increased heart rate, ie a tachycardia, and what the patient himself refers to as a complaint". (I9)

Regarding the questioning about how nurses evaluate pain, the use of standardized measurement instruments was observed. Pain is assessed primarily by verbal, bodily, and consequent signs of pain, such as tachycardia.

Finally, regarding the conducts performed for the treatment of this signal, three categories and their respective speeches were grouped.

ICIX/DSCIX - Medication

"I ask how the pain is and I do the medication that is prescribed". (I7)

ICX / DSCX - Analgesia and comfort measures.

"I carry out comfort measures. I try to put the patient in a comfortable position; heat; I try to make the environment quieter and check if you have any prescription pain relievers. Cryotherapy and sedation also help control this pain. With this, I hope that the complaint of pain is resolved." (I10)

ICXI / DSCXI - Analgesia and psychological support

"I try to approach the patient with pain through psychological support, reassuring him, practicing humanization and administering prescription drugs." (I8)

It is inferred that the main intervention performed for the control of pain, according to the DSC, is the medication prescribed.

DISCUSSÃO

Effective pain management depends on a precise and comprehensive assessment of the patient's symptoms, functional status and clinical history, through tools that tend to locate and quantify, in a reliable and valid way, the pain experience of the client to facilitate communication between the client and the health professional.³

Thus, as a tool to humanize care, the pain assessment scales are used to ensure that the individual expresses his or her own symptom without having any equipment or machinery to replace his sensation, and is of fundamental importance for there is a care planning according to the evolution of the patient.¹²

It is stated that pain, as already mentioned, is responsible for the presence of physiological changes in post-surgical patients. One study showed that the most frequent alterations found in these patients were tachypnea (47%) and cutaneous pallor (48%), and tachycardia was present in 7% of the patients surveyed.⁸ Another identified hypothermia (22%) as a physiological consequence while tachycardia was found in 4% of those surveyed..⁵

It should be noted that in this context, the health team should also be attentive to the appearance of changes that indicate pain in the patient, especially in those who cannot report, and indicate the presence of pain through verbal and / or corporal expression, as in cases of sedation use.⁹

It is essential for the effective evaluation of pain, the participation of the Nursing team, who develops daily activities at all shifts and, thus, is able to observe more fully the complaints and alterations presented by the patient to provide comprehensive, holistic and quality care.^{6,10}

Through an adequate evaluation concomitant to the measurement of pain, it is possible to establish efficient management and control with the formation of an individual plan that overcomes the damages caused by the pain problem. Therefore, the use of scales facilitates the assessment of pain and strengthens the contact between the professional and the patient.⁶

In a study carried out with 100 patients from a ward of a university hospital in the south of Minas Gerais, where there was permanent education and the applicability of a numerical pain scale, the evaluation of postoperative pain was carried out in an effective way, since 90 patients (90%) considered the excellent care and treatment of pain and ten patients (10%) evaluated the care as good.³

It is demonstrated that the main intervention performed for pain control, according to the DSC, is the prescribed medication, which corroborated a study carried out in Bogotá where nursing professionals use the prescribed medications as first choice and secondarily non-pharmacological interventions due to absence

of standardization for both postoperative pain assessment and management.¹⁴⁻¹⁵

It was proven, in another study conducted with physicians and nurses on their knowledge about this sign, that all (100%) had mastered pharmacological practice in pain relief, but in comparison to non-drug practices, only 37% 50%, respectively, reported having knowledge about distraction and relaxation practices in their improvement.¹⁶

Various measures can be taken, such as relaxation techniques and compresses, conversation with the patient, change of position and music therapy, among others. When allied pharmacological and non-pharmacological treatments, there is a potentiation of positive results in relation to the improvement of pain and the comfort of the client.^{6,9,12,15}

It should be noted that pain treatment is a patient's right and should not be considered as merely an indicator of good clinical behavior or quality of care. As leader of the Nursing team, it is up to the nurses to apply the best form of evaluation, management and control of pain, being able to propose new instruments and according to the reality of the health institution to which it belongs.¹²⁻¹³

It is evidenced that, despite the relevance of the theme, several studies point to underreporting and underestimation of pain by health professionals. These should seek knowledge and improve skills to evaluate and intervene, appropriately, in the face of painful questions.⁹

It is possible to better evaluate the pain and to decide, in a coherent way, which therapies for the reduction of the pain can positively influence its control, when the Nursing staff is adequately trained.¹⁶

CONCLUSION

It is understood that acute pain, as a nursing diagnosis, requires some nursing interventions, such as the evaluation of characteristics, intensity and location of pain through the use of relevant scales, considering the patient's report and observing possible physiological changes, in addition to administering medications according to the prescription and proposing appropriate measures of comfort.

It is identified, with this study, that the interviewees do not use any instrument recommended by the literature for the evaluation of pain. Thus, the identification of this signal may become ineffective and undervalued, where patient recovery and comfort are undermined.

It is understood, therefore, that adequate nursing care will promote a better postoperative recovery, which may reduce the risks of developing complications, besides facilitating conditions for earlier hospital discharge.

It is concluded that the authors recommend an adequate training, to the Nursing professionals, so that there is effective pain management, guaranteeing the patient's well-being, through the implantation and implementation of systematized and effective instruments for the evaluation of the in view of the importance of the theme and the damages resulting from its presence.

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